

C Barcode Kit

Prepaid Return Envelope

Fingerprint Collection
Supplies

FD-936 Submission Form



2 DNA Collection Cards
and Devices



D Barcode Kit



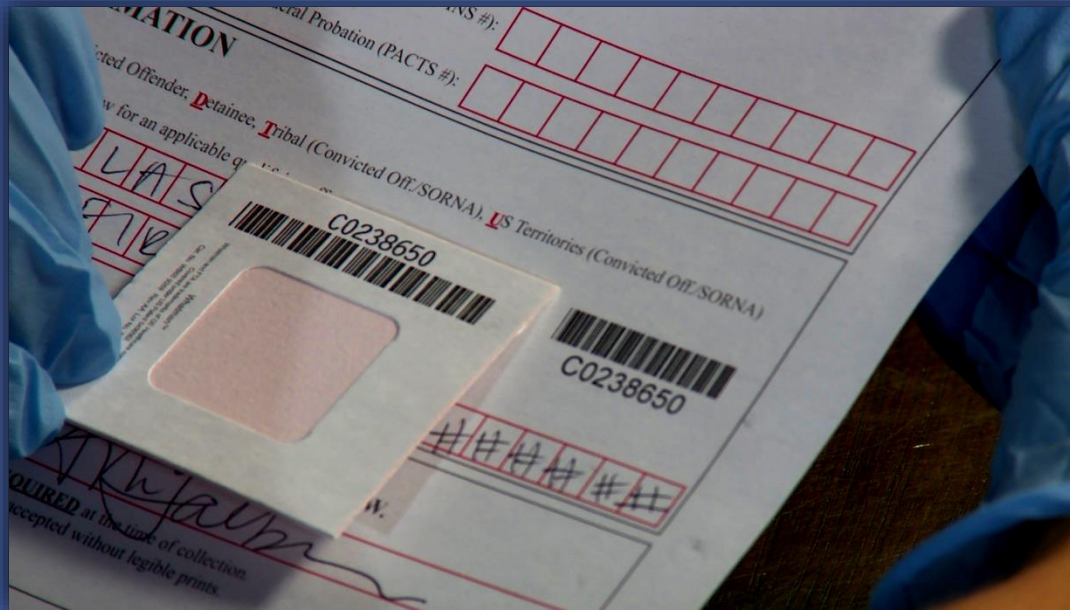
1 DNA Collection Card
and Device



Easy Collect Kit Contents

- These buccal collection kits contain everything necessary for collecting the subject's DNA sample.
- Each kit will contain the following:
 - 1 Request for National DNA Database Entry Form (FD-936)
 - 1 or 2 EasiCollect™ buccal collection devices
 - 1 or 2 collection device envelopes
 - Buccal collection instructions
 - 1 pair of nitrile (latex-free) gloves (wear at all times while collecting sample)
 - 1 pre-inked fingerprint pad
 - 2 clean wipes for ink removal
 - 1 kit return envelope

Unique Barcode



The FD-936 and collection devices of each collection kit contain a unique barcode and must remain together throughout the entire process.

If an error is made, please dispose of the entire kit and begin again with an entirely new collection kit.

FD-936 Submission Form

FD-936 (Rev. 05-30-2013)

REQUEST FOR NATIONAL DNA DATABASE ENTRY
Please follow instructions on this form for collection of DNA sample and biographical information for submission to the FBI.

1. AGENCY CONTACT INFORMATION

Agency Name: For Official Use Only
Address:
City: State: Zip Code:
Phone Number: POC:

2. AGENCY FACILITY AND AGENCY REFERENCE INFORMATION

Originating Agency Identifier (ORI): Facility Code or District #:
Agency Code: Ref:


3. PERSONAL IDENTIFYING INFORMATION

Last Name: Middle Initial:
First Name:
FBI #:
Date of Birth (YYYYMMDD): Gender - ☐ Male, ☐ Female, or ☐ Unknown:
Race - Am. Indian/Alaska Nat., Asian, Black (African Am.), White, Hawaiian Nat. (Pacific Is.), or Unknown: ☐ Hispanic, Latin, or Spanish Origin: ☐

3a. Enter Required Field (SSN for U.S. Citizens or Alien # for Non-U.S. Citizens)

☐ US Citizen Social Security #:
☐ Non-US Citizen Alien #:
BOP (U.S. Marshals #): DHS Agencies (FINS #):
CSOSA (PDID #): Federal Probation (PACTS #):

4. SAMPLE COLLECTION INFORMATION

☐ Qualifying Reason for DNA Collection - Arrestee, Convicted Offender, Detainee, Tribal (Convicted Off./SORNA), US Territories (Convicted Off./SORNA)
I hereby certify the DNA sample was collected under U.S. Federal Law for an applicable qualifying offense:
Last Name:  D0155313
First Name:
Signature: Date (YYYYMMDD):

5. FINGERPRINT COLLECTION

Left Index Print Right Index Print

FINGERPRINT COLLECTOR MUST SIGN BELOW.
Fingerprint Collector:
NOTE: Fingerprints are **REQUIRED** at the time of collection. Sample will **NOT** be accepted without legible prints.

- Use **DARK BLUE** or **BLACK INK ONLY**
- Write legibly inside of the red boxes
- It is acceptable to electronically transcribe the information
- Do not use correction fluid (ie. White-Out)
- Instructions on how to complete the form are located on the back of each form.

Agency Contact Information

1. AGENCY CONTACT INFORMATION

Agency Name:	<input type="text"/>	<div>For Official Use Only</div>
Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/> <input type="text"/> Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POC: <input type="text"/>

- Provide name, address, and corresponding contact numbers of the agency where the sample is being collected
- A sticker or stamp with this information is acceptable as long as it is legible and does not obstruct the box marked “For Official Use Only”

Agency Facility and Agency Reference Information

2. AGENCY FACILITY AND AGENCY REFERENCE INFORMATION

Originating Agency Identifier (ORI):		Facility Code or District #:	
Agency Code:	Ref:		

- Agency Code – abbreviation of agency (ie. FBI, USMS, BOP, etc.)
- ORI – unique to each facility and does not pertain to the subject (Please fill out only if you are aware of your agency's unique code.)
- Facility Code or District Number – should only be filled in if representing a USPO, BOP, or CSOSA
- Ref – Please use for a DNA#, Case# or any other relevant number that is not requested in section 3a.
- If collecting on behalf of another agency, use the contact information of the agency the subject is being collected from

Personal Identifying Information

3. PERSONAL IDENTIFYING INFORMATION

Last Name:

First Name: Middle Initial:

FBI #:

Date of Birth (YYYYMMDD): Gender - Male, Female, or Unknown:

Race - Am. Indian/Alaska Nat., Aasian, Black (African Am.), White, Hawaiian Nat. (Pacific Is.), or Unknown: Hispanic, Latin, or Spanish Origin?: ☐

3a. Enter Required Field (SSN for U.S. Citizens or Alien # for Non-U.S. Citizens)

☐ US Citizen Social Security #:

☐ Non-US Citizen Alien #:

BOP (U.S. Marshals #): DHS Agencies (FINS #):

CSOSA (PDID #): Federal Probation (PACTS #):

- Subject's legal name and date of birth must be filled in
- **AT LEAST** one unique identifier such as; FBI Number, Social Security Number, Alien Number or BOP Number **MUST** be present
- Please ensure all known *Personal Identifying Information* pertaining to the subject is provided on the FD-936.

Sample Collection Information

4. SAMPLE COLLECTION INFORMATION


☐ Qualifying Reason for DNA Collection - Arrestee, Convicted Offender, Detainee, Tribal (Convicted Off./SORNA), US Territories (Convicted Off./SORNA)

I hereby certify the DNA sample was collected under U.S. Federal Law for an applicable qualifying offense:

Last Name:

First Name:

Signature: Date (YYYYMMDD):


D0155313

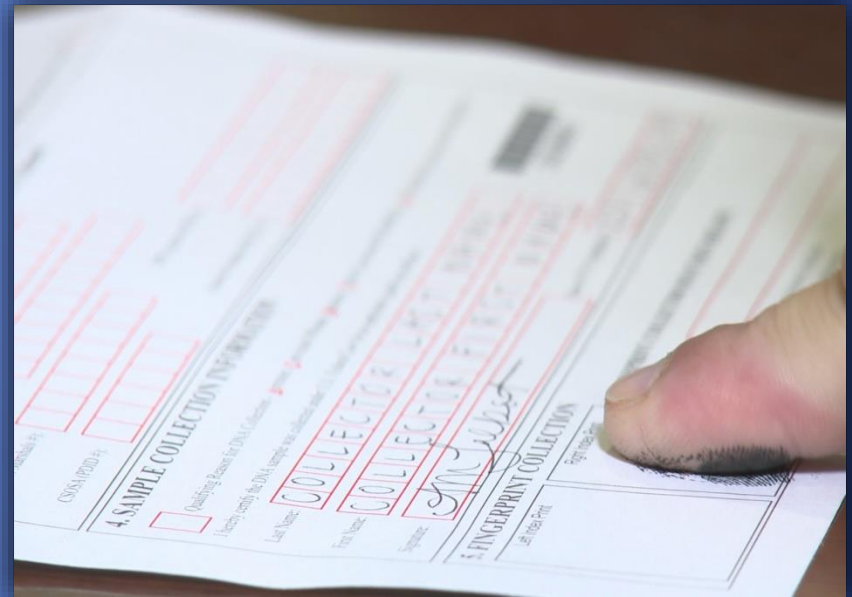
- **Determine whether subject Qualifies as an:**
 - *Arrestee*, any individual arrested or facing charges for a Federal offense. Write “A” in the designated box.
 - *Convicted Offender*, any individual convicted of a Federal offense or certain District of Columbia qualifying offenses. Write “C” in the designated box.
 - *Detainee*, any Non-United States citizen who is detained under the authority of the United States. Write “D” in the designated box.
 - *Tribal*, any individual convicted of a Federal offense or SORNA (Sexual Subject Registration and Notification Act) under Tribal Authority. Write “T” in the designated box.
 - *U.S. Territories*, any individual convicted of a Federal offense or SORNA in U.S. Territories. Write U in the designated box.
- **Complete *Sample Collection Information* section with collector's legal name, date sample was collected, and collector's signature.**

Fingerprint Collection

5. FINGERPRINT COLLECTION	
Left Index Print	Right Index Print
FINGERPRINT COLLECTOR MUST SIGN BELOW.	
Fingerprint Collector: <input type="text"/>	
NOTE: Fingerprints are <u>REQUIRED</u> at the time of collection. Sample will <u>NOT</u> be accepted without legible prints.	

- Legible fingerprints and collector's signature **MUST** be present on the FD-936
- Ensure appropriate index finger is printed in assigned box
- Other fingers may be utilized if index fingerprints cannot be obtained. However, this **MUST** be noted on the FD-936.

Fingerprint Collection



Collection Device



- Put on provided gloves
- Remove collection device(s) from pouch
 - Leave foam head of collection device(s) in protective sleeves
- Slide sample card(s) out
 - Record subject's name and/or unique identifier on DNA sample card(s)
- Confirm that the subject's name and/or unique identifier correspond with information provided on the FD-936

Sample Collection



- Place sample card(s) back in collection device(s)
- Place foam applicator against inside of subject's cheek
- Vigorously swab cheek and gum line for 15 seconds
- Remove plastic film covering and fold device at hinge point
- Press swab onto card for at least 10 seconds
- Move device into resting position
- Repeat this step using the second collection device, if available, on opposite cheek

NOTE: The objective of this collection is to gather DNA from the cheek cells, NOT the saliva, onto the collection paper.

Sample Collection cont'd



- Place collection device(s) inside white envelope(s)
 - Secure by removing backing and sealing shut
- Place white envelope(s) and FD-936 in provided prepaid return envelope
- Discard all other components
- If kit must be re-opened
 - Tape over seal, and initial and date over new seal



Rejected Kits

- Subject's name and/or unique identifier on DNA sample card(s) is different than what is documented on the FD-936
- Quality of fingerprints are poor or printed electronically
- No fingerprints on the FD-936
- Samples for multiple subjects are received in one return envelope
- Completed FD-936 is not included in submission
- Acceptable sample(s) are not included in submission
- Barcode(s) on collection device(s) is different than barcode on the FD-936
- Tamper evident seal is damaged or broken and has not been properly resealed

DNA Submissions



The DNA samples being collected could provide substantial investigative value to criminal cases. For this reason, it is imperative that all DNA kits are properly submitted.

Collection Kit Orders

FBI Laboratory
Buccal Collection Kit Re-Order Form
Please allow 2 weeks for delivery of collection kits.

Date Requested: _____

Agency Requesting Kits: _____

Person Requesting Kits: _____

Number Of Kits Needed: 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other _____
(Kits must be ordered in multiples of 50)

Number Of Additional Forms Needed: _____
Note: An additional supply of forms equivalent to 10% of your total kit order will be included automatically

Shipping Address:
Facility: _____
Address: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Fax Number: _____
Point of Contact: _____

**PLEASE FAX YOUR REQUEST DIRECTLY TO
THE FBI LABORATORY
AT (703) 632-7620**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (703) 632-7529

Official Use Only

Date Request Received: _____

Request Approved By: _____

FBI Release Number: _____

Date Request Sent To Contractor: _____

- To order kits electronically:
<https://forms.fbi.gov/buccal-collection-kit-re-order-form>
- Fax a kit order to FDDU:
(703) 632-7620
- Email: fddu@ic.fbi.gov
- Allow two weeks for delivery after order has been received
- **ONLY** physical addresses accepted (no P.O. Boxes)

Contact Information



(703) 632-7529

fddu@ic.fbi.gov

For more information:

<https://www.fbi.gov/services/laboratory/biometric-analysis/federal-dna-database>